



County of Santa Cruz

HEALTH SERVICES AGENCY

1080 EMELINE AVENUE, SANTA CRUZ, CA 95060
(831) 454-4120 FAX: (831) 454-4272 TDD: (831) 454-4123

EMERGENCY MEDICAL
SERVICES PROGRAM

DIRECTIONS FOR COMPLETION OF LIVE SCAN FORM

Complete the fields listed below

ORI: A9347

Type of Application: Certification

Job Title or Type of License, Certification, or Permit: Emergency Medical Technician

Agency Authorized to Receive Criminal History Information: Santa Cruz County Emergency Medical Services

Mail Code (five digit code assigned by DOJ): 11053

Street No. Street or P.O. Box: P. O. Box 962

Contact Name: Celia Barry

City: Santa Cruz

State: CA

Zip Code: 95061

Contact Telephone No.: (831) 454-4751

Name of Applicant: Enter your Last name, First name and Middle initial

Alias: Enter any other names you've used

Driver's License No.: Enter your California Driver License number

Date of Birth: Enter your date of birth

Sex: Check the appropriate box

Height: Enter your height (feet and inches)

Weight: Enter your weight in pounds

Eye Color: Enter your eye color

Hair Color: Enter your hair color

Place of Birth: Enter your place of birth

SOC: Enter your Social Security Number

Home Address: Enter your home street address, city, state and zip code

Level of Service: Check the DOJ box (DO NOT CHECK THE FBI BOX)

DO NOT COMPLETE ANY OTHER FIELDS ON THE FORM!

(If the form is filled out incorrectly, DOJ may reject it, requiring the background check to be repeated, including additional fees.)